PAGE 1 / 14

Image# 201601299004910626

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An Aut	horized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	e 12FE4M5
CAROLYN'S PAC	<u> </u>		
<u> </u>			
ADDRESS (number and street) Check if different	24 East 93rd Street Suite 1B		
than previously reported. (ACC)	New York		NY 10128 - L
2. FEC IDENTIFICATION N	NUMBER ▼ CIT	TY 🛦	STATE ▲ ZIP CODE ▲
C C00341990		S THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report	Report Due On: Mar	20 (M2) May 20 r 20 (M3) Jun 20 20 (M4) Jul 20 Primary (12P)	(M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly Report October 15 Quarterly Report	(Q2) PRE-Election Report for the:	Convention (12C)	Special (12S)
X January 31 Year-End Report	(YE) Election		in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repo (TER)	rt Electio	on on	in the State of
5. Covering Period	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	12 31 2015
I certify that I have examined Type or Print Name of Treasur		f my knowledge and belief i	t is true, correct and complete.
	Melissa A. Mendez	[Electronically Filed]	Date 01 / 29 / 2016
NOTE: Submission of false, erro	oneous, or incomplete informatio	on may subject the person sig	ning this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **CAROLYN'S PAC** 10 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 58359.46 January 1, 2015 (b) Cash on Hand at 35123.46 Beginning of Reporting Period..... 71300.00 41000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 76123.46 129659.46 6(a) and 6(c) for Column B)..... 19335.75 72871.75 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 56787.71 56787.71 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 1500.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAROLYN'S PAC

I. Receipts	I. Receipts COLUMN A Total This Period	
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	21000.00	36300.00
(i) Itemized (use Schedule A)	21000.00	30300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	21000.00	36300.00
(h) Delitical Barty Committee	20000.00	35000.00
(b) Political Party Committees	2000.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	41000.00	71300.00
Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
7.11 <u>200</u> 10 10001100	7	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
		7 7 2
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	41000.00	71300.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	41000.00	71300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period	
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	15000.00	63000.00
4. Independent Expenditures	7	55000.00
(use Schedule E)	0.00	0.00
b. Coordinated Party Expenditures (2 U.S.C. §441a(d))	200	
(use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To: (a) Individuals/Persons Other		0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	4335.75	9871.75
0. Federal Election Activity (2 U.S.C. §431(20	0))	
(a) Allocated Federal Election Activity	··	
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19335.75	72871.75
2. Total Fadaval Diahurramanta		
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
from Line 31)	19335.75	72871.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	41000.00	71300.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41000.00	71300.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER	:	PAGE	6	OF	14
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		717

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) CAROLYN'S PAC		
Full Name (Last, First, Middle Initial) Joseph Aronow Mailing Address 500 East 77th City New York FEC ID number of contributing federal political committee. Name of Employer Mettel Receipt For: Primary General Other (specify)	State Zip Code NY 10162 C Occupation Director Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 12
Full Name (Last, First, Middle Initial) Andoni Economou Mailing Address 13 Bayonne Ave City Monmouth FEC ID number of contributing federal political committee. Name of Employer Mettel Receipt For: Primary General Other (specify)	State Zip Code NJ 07750 C Occupation COO Aggregate Year-to-Date ▼	Date of Receipt 12
Full Name (Last, First, Middle Initial) Agnes Gund Mailing Address 765 Park Ave City New York FEC ID number of contributing federal political committee. Name of Employer Not Employed Receipt For: Primary General Other (specify)	State Zip Code NY 10021 C Occupation Not Employed Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 12 04 2015 Transaction ID : SA11AI.4998 Amount of Each Receipt this Period 1000.00 Donation
SUBTOTAL of Receipts This Page (optional)	>	6000.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CAROLYN'S PAC Full Name (Last, First, Middle Initial) George Klein Date of Receipt Mailing Address 535 Madison Ave 30 2015 11 City Zip Code State Transaction ID: SA11AI.4986 NY New York 10022 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Donation Name of Employer Occupation Park Tower Group Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Harley Lippman Date of Receipt Mailing Address 1021 Park Ave 12 07 2015 City State Zip Code Transaction ID: SA11AI.5005 NY New York 10028 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Donation Name of Employer Occupation Genesis10 CEO/Founder Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bernard Schwartz Date of Receipt Mailing Address 944 Fifth Ave M M / 28 10 2015 City Zip Code State Transaction ID: SA11AI.4981 NY New York 10021 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Donation Name of Employer Occupation BLS Investments, LLC Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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9

10000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	I LINE	NU	MRFK	:	PAGE	-	8
Use separate schedule(s)	(che	ck only	or	ne)				
for each category of the Detailed Summary Page	X	11a		11b		11c		12
		13		14		15		16

8 OF

	Statements may not be sold or used by any persthe name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAROLYN'S PAC		
Full Name (Last, First, Middle Initial) Sybil Shainwald Mailing Address 15 Central Park W City New York FEC ID number of contributing federal political committee. Name of Employer Sybil Shainwald, PC Receipt For: Primary General Other (specify)	State Zip Code NY 10023 C Occupation Lawyer Aggregate Year-to-Date ▼ 5000.00	Date of Receipt 11 19 2015 Transaction ID: SA11AI.4983 Amount of Each Receipt this Period 5000.00 Donation
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).	·····	5000.00
TOTAL This Period (last page this line numb	er only)	21000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 14 (check only one) 11a X 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full) CAROLYN'S PAC			
Full Name (Last, First, Middle Initial) CAPITAL ONE FINANCIAL CORP. AS Mailing Address 1680 CAPITAL ONE DRIVE AT City MCLEAN FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify) General	TN:19050- State 2	Zip Code 22102 595	Date of Receipt 12 22 2015 Transaction ID : SA11B.4991 Amount of Each Receipt this Period 5000.00 Donation
Full Name (Last, First, Middle Initial) B. ERNST & YOUNG POLITICAL ACTION Mailing Address 1225 CONNECTICUT AVE NW City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	SUITE 800	Zip Code 20036 444	Date of Receipt 12 10 2015 Transaction ID: SA11B.4988 Amount of Each Receipt this Period 5000.00 Donation
Full Name (Last, First, Middle Initial) METLIFE INC. EMPLOYEES' POL Mailing Address 1095 AVENUE OF THE AMERI City NEW YORK FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	CAS State 2	Zip Code 10036 923	Date of Receipt 11 30 2015 Transaction ID: SA11B.4985 Amount of Each Receipt this Period 5000.00 Dontation
SUBTOTAL of Receipts This Page (optional)			15000.00

TOTAL This Period (last page this line number only).....

S 17

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF 14				
	,		Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		for each category of the	11a X 11b 11c 12				
			Detailed Summary Page	13 14 15 16 17				
	ny information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) CAROLYN'S PAC							
	C/MCLING I //C							
Α.	Full Name (Last, First, Middle Initial) UBS AMERICAS INC. POLITICAL AC	TION COM	MMITTEE (UBS PAC)	Date of Receipt				
	Mailing Address 400 ATLANTIC STREET			M = M / D = D / Y = Y = Y				
	C/O PER DYRVIK		7: 0 !	12 22 2015				
	City STAMFORD	State CT	Zip Code 06901	Transaction ID : SA11B.4993				
			00901	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0012245	5000.00				
	Name of Employer	Occupation		— Donation				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_				
	Other (specify)		10000.00					
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt				
υ.	Mailing Address			M M / D D / Y Y Y Y				
	City	State	Zip Code					
	,		•	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C						
	Name of Employer	Occupation	ı					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		4 4 A .					
_	Full Name (Last, First, Middle Initial)							
C.	Tuli Name (Last, First, Middle Illitial)			Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		<i>y y</i>					
S	UBTOTAL of Receipts This Page (optional)			5000.00				

TOTAL This Period (last page this line number only).....

20000.00

SCHEDULE B (FEC Form 3X)		. FOR LINE I	NUMBER: PAGE 11 O	F 14
TEMIZED DISBURSEMENTS	Use separate schedule(s	(check only		
	for each category of the Detailed Summary Page		22 🗶 23 🔲 24 📗 25	26
	Botanoa Gammary Fago	27	28a 28b 28c 29	30b
Any information copied from such Reports and State				
or for commercial purposes, other than using the na	me and address of any polit	tical committee to	solicit contributions from such committee	ee.
NAME OF COMMITTEE (In Full)				
CAROLYN'S PAC				
/				
Full Name (Last, First, Middle Initial)		45 417755	Data of Dishurasment	
A. DEMOCRATIC CONGRESSIONA	AL CAMPAIGN CON	/IMITTEE	Date of Disbursement	
Mailing Address 430 South Capitol Street, SE			10 31 2015	Y
2nd Floor			10 31 2013	
City	State Zip Code			
Washington	DC 20003		Transaction ID: SB23.4975	
Purpose of Disbursement				
Unlimited Transfer		011	Amount of Each Disbursement this P	eriod
Candidate Name		Category/	5000	00
CAROLYN'S PAC		Type	5000.	00
Office Sought: House Disburse	ement For: 2016			
Senate >	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			B (B) .	
B. DEMOCRATIC CONGRESSIONA	AL CAMPAIGN CON	MMIIIEE	Date of Disbursement	
Mailing Address 400 Ozveth Ozačtal Otazat OF			11 30 2015	Y
Mailing Address 430 South Capitol Street, SE 2nd Floor			11 30 2015	
2110 1 1001				
City	State Zip Code			
City Washington	State Zip Code DC 20003		Transaction ID : SB23.4973	
Washington Purpose of Disbursement	·		Transaction ID : SB23.4973	
Washington Purpose of Disbursement Donation	·	011	Transaction ID: SB23.4973 Amount of Each Disbursement this P	eriod
Washington Purpose of Disbursement Donation Candidate Name	·	011 Category/	Amount of Each Disbursement this P	
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC	DC 20003			
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Disburse	DC 20003	Category/	Amount of Each Disbursement this P	
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Disburse Senate	ement For: 2016 Primary General	Category/	Amount of Each Disbursement this P	
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President Washington Purpose of Disburse Senate President	DC 20003	Category/	Amount of Each Disbursement this P	
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Disburse Senate President State: District:	ement For: 2016 Primary General	Category/	Amount of Each Disbursement this P	
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President Washington Purpose of Disburse Senate President	ement For: 2016 Primary General	Category/	Amount of Each Disbursement this P	
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Disburse Senate President State: District:	ement For: 2016 Primary General	Category/	Amount of Each Disbursement this P 10000. Date of Disbursement	.00
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C.	ement For: 2016 Primary General	Category/	Amount of Each Disbursement this P	.00
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Disburse Senate President State: District:	ement For: 2016 Primary General	Category/	Amount of Each Disbursement this P 10000. Date of Disbursement	.00
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C.	ement For: 2016 Primary General	Category/	Amount of Each Disbursement this P 10000. Date of Disbursement	.00
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City	ement For: 2016 Primary General Other (specify)	Category/	Amount of Each Disbursement this P 10000. Date of Disbursement	.00
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address	ement For: 2016 Primary General Other (specify)	Category/	Amount of Each Disbursement this P 10000. Date of Disbursement	.00
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement	ement For: 2016 Primary General Other (specify)	Category/	Amount of Each Disbursement this P 10000. Date of Disbursement	000 Y
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City	ement For: 2016 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this P 10000. Date of Disbursement	000 Y
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name	ement For: 2016 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this P 10000. Date of Disbursement	000 Y
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Disburse	ement For: 2016 Primary General Other (specify) State Zip Code	Category/ Type	Amount of Each Disbursement this P 10000. Date of Disbursement	000 Y
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate Senate	ement For: 2016 Primary General Other (specify) State Zip Code ement For: Primary General	Category/ Type	Amount of Each Disbursement this P 10000. Date of Disbursement	000 Y
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President Disburse Senate President	ement For: 2016 Primary General Other (specify) State Zip Code	Category/ Type	Amount of Each Disbursement this P 10000. Date of Disbursement	000 Y
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate Senate	ement For: 2016 Primary General Other (specify) State Zip Code ement For: Primary General	Category/ Type	Amount of Each Disbursement this P 10000. Date of Disbursement	000 Y
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President Senate President State: District:	ement For: 2016 Primary General Other (specify) State Zip Code ement For: Primary General Other (specify) Other (specify)	Category/ Type Category/ Type	Amount of Each Disbursement this P 10000. Date of Disbursement	oo Y
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President Disburse Senate President	ement For: 2016 Primary General Other (specify) State Zip Code ement For: Primary General Other (specify) Other (specify)	Category/ Type Category/ Type	Amount of Each Disbursement this P 10000. Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this P	oo Y
Washington Purpose of Disbursement Donation Candidate Name CAROLYN'S PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President Senate President State: District:	ement For: 2016 Primary General Other (specify) State Zip Code ement For: Primary General Other (specify) Other (specify)	Category/ Type Category/ Type	Amount of Each Disbursement this P 10000. Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this P	oo deriod

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EMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	one) 22 23 24 25 26 28a 28b 28c × 29 30
ny information copied from such Reports and State r for commercial purposes, other than using the na			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CAROLYN'S PAC			
Full Name (Last, First, Middle Initial) ActBlue			Date of Disbursement
Mailing Address P,O, Box 382110			12 06 2015
City Cambridge	State Zip Code MA 02238		Transaction ID : SB29.5002
Purpose of Disbursement Processing Fee		001	Amount of Each Disbursement this Period
Candidate Name CAROLYN'S PAC Office Sought: House Disburse	ment For: 2016	Category/ Type	237.00
State: District:	Primary General Other (specify)		
Full Name (Last, First, Middle Initial) ActBlue			Date of Disbursement
Mailing Address P,O, Box 382110			12 13 2015
City Cambridge	State Zip Code MA 02238		Transaction ID : SB29.5003
Purpose of Disbursement Processing Fee Candidate Name		001	Amount of Each Disbursement this Period
CAROLYN'S PAC		Category/ Type	98.75
	ment For: 2016 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Harlem Strategies			Date of Disbursement
Mailing Address 193 Malcolm X Blvd Suite 1			10 01 2015
City New York	State Zip Code NY 10026		Transaction ID : SB29.4980
Purpose of Disbursement FR Consultant Candidate Name		001 Category/	Amount of Each Disbursement this Period
CAROLYN'S PAC Office Sought: House Senate President State: District:	ment For: 2016 Primary General Other (specify)	Туре	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13 OF 14	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	\ I -	FOR LINE NUMBER: PAGE 13 OF 14 (check only one)	
		21b	22 23 24 25 26	
		27	28a 28b 28c 🔀 29 30b	
Any information copied from such Reports and State				
or for commercial purposes, other than using the na	me and address of any politi	cal committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
CAROLYN'S PAC				
Full Name (Last, First, Middle Initial)				
A. Harlem Strategies			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 193 Malcolm X Blvd			10 31 2015	
Suite 1 City	State Zip Code			
New York	NY 10026		Transaction ID : SB29.4978	
Purpose of Disbursement				
FR Consultant		001	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
CAROLYN'S PAC		Type	1000.00	
	ement For: 2016			
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. Harlem Strategies			Date of Disbursement	
			M = M / D = D / Y = Y = Y	
Mailing Address 193 Malcolm X Blvd Suite 1			11 01 2015	
City	State Zip Code		Transporting ID ODGG 4070	
New York	NY 10026		Transaction ID : SB29.4979	
Purpose of Disbursement FR Consultant		100		
Candidate Name		001	Amount of Each Disbursement this Period	
CAROLYN'S PAC		Category/ Type	1000.00	
	ement For: 2016	туре		
Senate	Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
C. Harlem Strategies			Date of Disbursement	
Mailing Address 400 M. L. V. D. J.			12 01 2015	
Mailing Address 193 Malcolm X Blvd Suite 1			12 01 2015	
City	State Zip Code		T ID ODGG 1077	
New York	NY 10026		Transaction ID : SB29.4977	
Purpose of Disbursement FR Consultant				
		001	Amount of Each Disbursement this Period	
Candidate Name CAROLYN'S PAC		Category/	1000.00	
	ement For: 2016	Туре	7 7	
Senate	Primary General			
President	Other (specify)			
State: District:] (,,), ,			
'				
SUBTOTAL of Disbursements This Page (optional)			3000.00	
		<u> </u>	1005 75	
TOTAL This Period (last page this line number onl	y)		4335.75	

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

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> **X** 9 10

14

NAME OF COMMITTEE (In Full) CAROLYN'S PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Excess Contribution to be Refunded HILLARY CLINTON FOR PRESIDENT Mailing Address PO Box 101436 State Zip Code Arlington 22210 Transaction ID: SD9.4141 Outstanding Balance Beginning This Period 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 500.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Excess Contribution to be refunded HILLARY CLINTON FOR PRESIDENT Mailing Address PO Box 101436 City State Zip Code Arlington 22210 VA Outstanding Balance Beginning This Period Transaction ID: SD9.4140 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 1500.00 1) SUBTOTALS This Period This Page (optional)..... 1500.00 2) TOTALS This Period (last page this line number only)..... 0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

1500.00